

## **CITY OF SAINT PAUL**

Department of Safety and Inspections Fire Prevention Division 375 Jackson St, Suite 200

## FIRE SUPPRESSION SYSTEM PERMIT APPLICATION Revised April 2006

Project Number Street Name	. Ave. Blvd. Suite/Apt. Bui		D:14:	a a Nama	Dete
Project Number Street Name Address	St. Ave. Bivu.	Suite/Apt.	Bullali	ng Name	Date
Sprinkler Contractor:	Sprinkler Contractor Address:		Phone:		
Contact Person:					
Property Owner:	Owner Address:		Phone:		
Contact Person:					
Check One: Commercial Residential	Estimated Start Date:		Estimated Value of Project		Project
Check One: New Existing Building	1				3
If Existing, Check One:  Repair Addition Alter Emergency	Estimated Finish Date:				
Work Being Done:			Quantity	@	Fee
1) INITIAL FEE: (applies to items 2, 3, and 4)			flat	\$42.00	
<ol> <li>Sprinkler Head Installation</li> <li>Enter # of Heads →</li> </ol>				\$15.50	
3) Standpipes					
For first 5 floors enter number of Standpipes →				\$64.00	
Enter number of Additional Floors $\rightarrow$ 4) Fire Pump $ \overline{GPM}\rightarrow$ $ \overline{H.P.}\rightarrow$			a .	\$7.00	
/ · · · · · · · · · · · · · · · · · · ·			flat	\$50.00	
5) All other work being done and fire extinguishing systems other than water Includes New, Repaired, and Alterations - Check here if this applies				1% value of work	
Detailed Description of Work:			ımmary of Fees		
		Fire Suppression System			
			State Surcharge		
			TOTAL PERM		
			checks payable to the City of Saint		int Paul
*Applicant certifies that all information is correct and that all pertinent state regulations				Would you like your	
and city ordinances will be complied with in performing the work for which this permit is issued. permit to be for					xed to you?
Signature	Date			Yes	No

<sup>\*</sup>All areas must be completed or application will be returned.

<sup>\*</sup>Correct fee must be enclosed or application will be returned. If you have questions please call (651) 228-6230.